

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Carol Delane Allen
101 Bridgetown Road, Apt 20 D
Goose Creek, SC 29445
SSN xxx-xx-9562

DEBTOR.

CASE NO: 16-04897-dd

CHAPTER 7

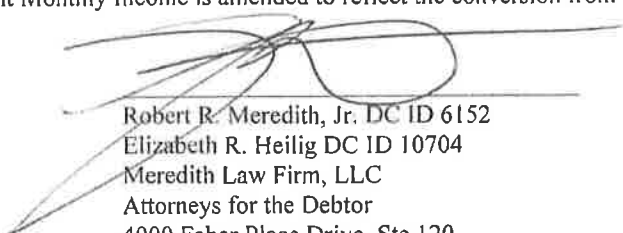
STATEMENT OF CHANGE

The debtor in the above-captioned case hereby amends schedules A/B, C, I, J, and Statement of Current Monthly Income by substituting the attached amended schedules and statement for those originally filed pursuant to Fed. R. Bankr. P. 1009. Schedules A/B and C are amended to disclose and exempt the debtor's anticipated 2017 tax refund.

Schedule I is amended update the debtor's monthly income based on her recent paystubs. It is also amended to remove her income from Mary Kay which the debtor has not operated during 2018.

Schedule J is amended to include increases to rent, home maintenance, clothing, personal care, entertainment, church tithes, auto insurance, haircuts, and nail care. It is also amended to included decreases to renter's insurance, electric, cable/internet. This schedule is further amended to include IRS installment payment and routine Mary Kay Orders.

The Statement of Current Monthly Income is amended to reflect the conversion from Chapter 13 to Chapter 7.


Robert R. Meredith, Jr. DC ID 6152
Elizabeth R. Heilig DC ID 10704
Meredith Law Firm, LLC
Attorneys for the Debtor
4000 Faber Place Drive, Ste 120
North Charleston, SC 29405
843-529-9000

Date: 8/15/18

Fill in this information to identify your case and this filing:

Debtor 1 **Carol Delane Allen**
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
Case number **16-04897**

☐ Check if this is an amended filing

Official Form 106A/B
Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Suzuki**
Model: **XL7**
Year: **2008**
Approximate mileage: **148,769**
Other information:
VIN: 2S3DB917086111678

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$3,675.00	\$3,675.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$3,675.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware
☐ No

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☒ Yes. Describe.....

Kitchenware
Washing Machine
Dryer
Living Room Furniture
Bedroom Furniture
Dining Room Furniture

\$3,020.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Samsung Galaxy 6 Cell Phone (\$500)
Televisions(3) (\$375)
Laptop Computer (\$300)

\$1,175.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

Cross-Stitching Supplies

\$15.00

Elizabeth O'Neill Verner Paintings (2) (\$400)
Ellis Wilson Painting (\$200)

DVD Movies (\$120)
Compact Discs (\$30)
Books (\$200)

\$950.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Personal Items
Clothing
Shoes
Handbags

\$3,500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

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Costume Jewelry

\$50.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☐ No

☒ Yes. Give specific information.....

CPAP Machine

\$100.00

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$8,810.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$8.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**Woodforest
Acct# 9773**

17.1. Checking

\$251.09

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... **Institution or issuer name:**

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

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☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)

Progressive

\$1,555.61

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.

Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Anticipated Tax Refund (2017)

(The debtor has not filed her 2017 tax returns. She anticipates that upon filing, she will receive approximately \$500 from State and generally owes a small amount in Federal taxes.)

Federal and State

\$500.00

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

Debtor 1 Carol Delane Allen

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31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

3 Term Life Insurance Policies through
Employer

Christopher Allen-son

\$1.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,315.70

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.....

41. Inventory

☐ No

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☒ Yes. Describe.....

Mary Kay Cosmetics

\$1,902.00

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$1,902.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above

53. Do you have other property of any kind you did not already list?
Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		<u>\$0.00</u>
56. Part 2: Total vehicles, line 5	<u>\$3,675.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$8,810.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$2,315.70</u>	
59. Part 5: Total business-related property, line 45	<u>\$1,902.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>	
	+	
62. Total personal property. Add lines 56 through 61...	<u>\$16,702.70</u>	Copy personal property total <u>\$16,702.70</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$16,702.70</u>

Fill in this information to identify your case:

Debtor 1	Carol Delane Allen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	16-04897		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2008 Suzuki XL7 148,769 miles VIN: 2S3DB917086111678 Line from <i>Schedule A/B</i> : 3.1	\$3,675.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
Kitchenware Washing Machine Dryer Living Room Furniture Bedroom Furniture Dining Room Furniture Line from <i>Schedule A/B</i> : 6.1	\$3,020.00	<input checked="" type="checkbox"/> \$3,020.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Samsung Galaxy 6 Cell Phone (\$500) Televisions(3) (\$375) Laptop Computer (\$300) Line from <i>Schedule A/B</i> : 7.1	\$1,175.00	<input checked="" type="checkbox"/> \$740.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Samsung Galaxy 6 Cell Phone (\$500) Televisions(3) (\$375) Laptop Computer (\$300) Line from <i>Schedule A/B</i> : 7.1	\$1,175.00	<input checked="" type="checkbox"/> \$435.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused portion from jewelry exemption.

Debtor 1 Carol Delane Allen	Case number (if known) 16-04897		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Cross-Stitching Supplies Line from Schedule A/B: 8.1	<u>\$15.00</u>	<input checked="" type="checkbox"/> <u>\$15.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Elizabeth O'Neill Verner Paintings (2) (\$400) Ellis Wilson Painting (\$200) DVD Movies (\$120) Compact Discs (\$30) Books (\$200) Line from Schedule A/B: 8.2	<u>\$950.00</u>	<input checked="" type="checkbox"/> <u>\$950.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Personal Items Clothing Shoes Handbags Line from Schedule A/B: 11.1	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> <u>\$3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused portion from cash and liquid assets exemptions.
Costume Jewelry Line from Schedule A/B: 12.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
CPAP Machine Line from Schedule A/B: 14.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused portion from cash and liquid assets exemptions.
Cash Line from Schedule A/B: 16.1	<u>\$8.00</u>	<input checked="" type="checkbox"/> <u>\$8.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: Woodforest Acct# 9773 Line from Schedule A/B: 17.1	<u>\$251.09</u>	<input checked="" type="checkbox"/> <u>\$251.09</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
401(k): Progressive Line from Schedule A/B: 21.1	<u>\$1,555.61</u>	<input checked="" type="checkbox"/> <u>\$1,555.61</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(11)(e)
Federal and State: Anticipated Tax Refund (2017) (The debtor has not filed her 2017 tax returns. She anticipates that upon filing, she will receive approximately \$500 from State and generally owes a small amount in Federal taxes.) Line from Schedule A/B: 28.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
3 Term Life Insurance Policies through Employer Beneficiary: Christopher Allen-son Line from Schedule A/B: 31.1	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)



Debtor 1 **Carol Delane Allen**

Case number (if known) **16-04897**

Brief description of the property and line on
Schedule A/B that lists this property

Current value of the
portion you own

Copy the value from
Schedule A/B

Amount of the exemption you claim

Check only one box for each exemption.

Specific laws that allow exemption

Mary Kay Cosmetics
Line from *Schedule A/B*: 41.1

\$1,902.00



\$1,775.00

**S.C. Code Ann. §
15-41-30(A)(6)**



100% of fair market value, up to
any applicable statutory limit

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 Carol Delane Allen

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-04897
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 1061

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

<p>1. Fill in your employment information.</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	Employment status	<p>Debtor 1</p> <p><input checked="" type="checkbox"/> Employed</p> <p><input type="checkbox"/> Not employed</p>	<p>Debtor 2 or non-filing spouse</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Not employed</p>
	Occupation	<u>Claims Adjuster</u>	
	Employer's name	<u>Progressive Insurance Company</u>	
	Employer's address	<u>4000 Faber Place Drive, Ste 320</u> <u>North Charleston, SC 29405</u>	
	How long employed there?	<u>6 years</u>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>4,135.90</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>4,135.90</u>	\$ <u>N/A</u>

Debtor 1 Carol Delane Allen

Case number (if known) 16-04897

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <u>4,135.90</u>	\$ <u>N/A</u>

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>456.85</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>77.03</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>290.12</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: <u>Life Insurance</u>	5h. + \$ <u>30.10</u>	+ \$ <u>N/A</u>
<u>HSA</u>	\$ <u>125.00</u>	\$ <u>N/A</u>
<u>Legal/ID Theft Protection</u>	\$ <u>12.96</u>	\$ <u>N/A</u>
<u>Disability</u>	\$ <u>15.41</u>	\$ <u>N/A</u>
<u>401(K) Loan</u>	\$ <u>83.68</u>	\$ <u>N/A</u>
<u>401(k) Loan</u>	\$ <u>41.77</u>	\$ <u>N/A</u>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ <u>1,132.92</u>	\$ <u>N/A</u>
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ <u>3,002.98</u>	\$ <u>N/A</u>
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8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify:	8h. + \$ <u>0.00</u>	+ \$ <u>N/A</u>

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ <u>0.00</u>	\$ <u>N/A</u>
----	----------------	---------------

10. Calculate monthly income. Add line 7 + line 9.

10.	\$ <u>3,002.98</u>	+ \$ <u>N/A</u>	= \$ <u>3,002.98</u>
-----	--------------------	-----------------	----------------------

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in *Schedule J*.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify:

11.	+ \$ <u>0.00</u>
-----	------------------

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related Data, if it applies

12.	\$ <u>3,002.98</u>
-----	--------------------

Combined monthly income

Debtor 1 Carol Delane Allen

Case number (if known) 16-04897

13. Do you expect an Increase or decrease within the year after you file this form?



No.



Yes. Explain:

This schedule is amended to update the debtor's monthly income based on her recent paystubs. It is also amended to remove her income from Mary Kay which the debtor's has not operated during 2018. The debtor does not anticipate any other increase or decrease in her income of 10% or more at this time.

Fill in this information to identify your case:

Debtor 1 Carol Delane Allen

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-04897
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

20

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,115.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 23.50

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Carol Delane Allen

Case number (if known) 16-04897

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 90.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 85.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 400.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 75.00
10. Personal care products and services	10. \$ 80.00
11. Medical and dental expenses	11. \$ 35.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 250.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00
14. Charitable contributions and religious donations	14. \$ 250.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 185.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Est. IRS Installment Payment</u>	16. \$ 50.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other. Specify: <u>Hair Cuts</u>	21. +\$ 55.00
<u>Nail Salon</u>	+\$ 65.00
<u>Mary Kay Orders (req. to stay active)</u>	+\$ 80.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 2,963.50
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 2,963.50
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 3,002.98
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 2,963.50
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 39.48

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: Amendments include increases to rent, home maintenance, clothing, personal care, entertainment, church tithes, auto insurance, haircuts, and nail care and decreases to renter's insurance, electric, cable/internet. It is also amended to include IRS installment payment and routine Mary Kay Orders (debtor uses business expense to offset tax liabilities.) The debtor does not anticipate any other increase or decrease in her expenditures of 10% or more at this time.

Fill in this information to identify your case:

Debtor 1 Carol Delane Allen
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-04897
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Carol Delane Allen
Signature of Debtor 1

Date 8/13/18

X _____

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 Carol Delane Allen

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of South Carolina

Case number 16-04897
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 3,638.22	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm	<p>Debtor 1</p> <p>Gross receipts (before all deductions) \$ 0.00</p> <p>Ordinary and necessary operating expenses -\$ 0.00</p> <p>Net monthly income from a business, profession, or farm \$ 0.00</p>	<p>Copy here -> \$ 0.00</p>
6. Net income from rental and other real property	<p>Debtor 1</p> <p>Gross receipts (before all deductions) \$ 0.00</p> <p>Ordinary and necessary operating expenses -\$ 0.00</p> <p>Net monthly income from rental or other real property \$ 0.00</p>	<p>Copy here -> \$ 0.00</p>
7. Interest, dividends, and royalties	\$ 0.00	\$

Debtor 1 Carol Delane Allen

Case number (if known) 16-04897

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ <u>0.00</u> For your spouse \$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. <u>Mary Kay Sales</u> Total amounts from separate pages, if any.	\$ <u>23.20</u> \$ <u>0.00</u> + \$ <u>0.00</u>	\$ <u>0.00</u> \$ <u>0.00</u> \$ <u>0.00</u>
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>3,661.42</u>	\$ <u>0.00</u>
	Total current monthly income \$ <u>3,661.42</u>	

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 3,661.42 Copy line 11 here=>

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ 43,937.04

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

SC

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 52,722.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Carol Delane Allen
Signature of Debtor 1

Date 08/13/2018
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 Carol Delane Allen

Case number (if known) 16-04897

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2016 to 08/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Progressive**

Income by Month:

6 Months Ago:	<u>03/2016</u>	<u>\$5,004.58</u>
5 Months Ago:	<u>04/2016</u>	<u>\$3,325.40</u>
4 Months Ago:	<u>05/2016</u>	<u>\$3,341.88</u>
3 Months Ago:	<u>06/2016</u>	<u>\$3,325.40</u>
2 Months Ago:	<u>07/2016</u>	<u>\$3,341.88</u>
Last Month:	<u>08/2016</u>	<u>\$3,490.20</u>
	Average per month:	<u>\$3,638.22</u>

Remarks:

The debtor received three pay periods in March 2016.

Line 10 - Income from all other sources

Source of Income: **Mary Kay Sales**

Income by Month:

6 Months Ago:	<u>03/2016</u>	<u>\$0.00</u>
5 Months Ago:	<u>04/2016</u>	<u>\$0.00</u>
4 Months Ago:	<u>05/2016</u>	<u>\$36.09</u>
3 Months Ago:	<u>06/2016</u>	<u>\$64.02</u>
2 Months Ago:	<u>07/2016</u>	<u>\$39.06</u>
Last Month:	<u>08/2016</u>	<u>\$0.00</u>
	Average per month:	<u>\$23.20</u>

Remarks:

There were no business expenses for Mary Kay Sales in the last six months.



**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Carol Delane Allen
101 Bridgetown Road, Apt 20 D
Goose Creek, SC 29445
SSN xxx-xx-9562

DEBTOR.

CASE NO: 16-04897-dd

CHAPTER 7

CERTIFICATE OF SERVICE

I hereby certify that a copy of the within Amended Schedules A/B, C, I, J, and Statement of Current Monthly Income were duly served electronically upon the parties named below through CM/ECF pursuant to Operating Order 04-11, on this date.

ELECTRONICALLY

Kevin Campbell, Chapter 7 Trustee
PO Box 684
Mount Pleasant, SC 29465

Date: _____

8/16/18

Kati Hoch

Katie Hoehn, Paralegal for
Robert R. Meredith, Jr., D.C. I.D. #06152
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